

HAZARDOUS WASTE MANAGEMENT BRANCH

UNIFORM HAZARDOUS WASTE MANIFEST

744 P Street
Sacramento, CA 95814

STATE ID NUMBER 83079272

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

CANON BUSINESS MACHINES

3191 REDHILL AVENUE

COSTA MESA, CA. 92626 (714) 556-4700

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

C1A1D10178114101016181010101217

TRANSPORTER NO. 1

OMEGA CHEMICAL CORPORATION

12504 EAST WHITTIER BOULEVARD

WHITTIER, CA. 90602 (213) 698-0991

VEH./CONTAINER NO.

EPA ID NUMBER

42507

C1A1D1014121241510101

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORPORATION

12504 EAST WHITTIER BOULEVARD

WHITTIER, CA. 90602 (213) 698-0991

AREA CODE/PHONE NUMBER

EPA ID NUMBER

C1A1D1014121241510101

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE DISP.
CAT NO. METH.

METHYLENE CHLORIDE CORROSIVE LIQUID

UN 1593

300

G

406

DEF 21101

COMPONENTS

CONC. RANGE

UPPER

LOWER

UNITS

%

PPM

METHYLENE CHLORIDE

90

85

%

FORMIC ACID

15

10

%

SPECIAL HANDLING INSTRUCTIONS

WEAR GOGGLES, GLOVES, AND RESPIRATOR

ACIDIC MATERIAL RELIEVED FOR PROCESSING.

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printer or typed full name and signature

GEORGE HOFFMANN

George Hoffmann

MO.

DAY

YR.

11

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83

☐ Check if continuation sheet is used. Number of continuation sheets

EN

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

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83

Printed or typed full name and signature

Henry Salomon

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

Steve Simpson

CADO42245001

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